



## ARMY FEE ASSISTANCE

### Notification of Expected Maternity Leave

The General Services Administration (GSA), as the third party administrator for the Army Fee Assistance, is authorized to provide Army Fee Assistance payments for children currently enrolled in the program. Furthermore, program guidance allows for 6 weeks of care for the normal birth of a child or children, or 8 weeks of care for a cesarean section birth.

The Family and Medical Leave Act (FMLA) allows up to 12 weeks of leave in any 12-month period, however the Army Fee Assistance Program only allows for benefits to be paid for a child or children currently enrolled for up to 8 weeks unless there is a medical related issue that arises. Any additional leave you anticipate beyond the standard 6 to 8 weeks must be reported to the GSA Subsidy Administration Section to determine your continued eligibility in the program.

Upon completion of this form, the Army Sponsor is providing the GSA Subsidy Administration Section with their intended participation in the Army Fee Assistance Program. This Notification Statement must be completed and signed by the Sponsor in order to qualify for, or continue to qualify for Army Fee Assistance.

I \_\_\_\_\_ certify that I or my spouse/partner  
**Printed name of Qualifying Army Sponsor**

is/are expecting the birth of our/my child on \_\_\_\_\_  
**Expected Due Date**

#### While I or my Spouse/Partner is out on maternity leave, I/we anticipate the following:

\_\_\_\_\_ My child/children will continue to be enrolled in child care

\_\_\_\_\_ My child/children will be removed from child care

#### And upon the birth of my child I/we anticipate the following:

\_\_\_\_\_ I will be enrolling my baby and my child/children currently enrolled in the Army Fee Assistance Program will continue to participate.

\_\_\_\_\_ I wish to withdraw my child/children from the Army Fee Assistance Program and wish to be removed from the program.

I will notify the GSA Subsidy Administration Section via email at [army.childcare@gsa.gov](mailto:army.childcare@gsa.gov) to report any changes to the information provided above. In addition, I further understand that I must inform the GSA Subsidy Administration Section when my child or children is/are born so that my case file can be updated accordingly.

**Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.**

\_\_\_\_\_  
**Signature of Qualifying Army Sponsor / Last 4 of SSN**

\_\_\_\_\_  
**Date**

